

**CITY OF LONGMONT RECREATION SERVICES
TEAM ENTRY FORM - BASKETBALL**

TEAM NAME: _____

Coach/Manager: _____

Day Phone: _____ Night Phone: _____

Mailing Address: _____

City

State

Zip

e-mail address: _____

Assistant Manager: _____

Day Phone: _____ Night Phone: _____

Mailing Address: _____

City

State

Zip

Leagues:

Wednesday Men's D

Thursday Men's E

Competition:

Competitive

Leisure

(Please list choices in order. Alternative leagues must be listed in case of a closed league)

Night

League

1. _____

2. _____

This form must be completed and submitted along with the entry fee to be considered officially registered.

I understand that the entry fee **will not** be refunded if I fail to enter a team in the above mentioned league. By signing below I also acknowledge that as the manager/coach, my team and I are aware of and will abide by all league rules and code of conduct as mentioned in the rules packet.

Signature

Date

LEAGUE FEE: \$400.00

OR PARTIAL FEE: \$205.00

ADDITIONAL FEE (beyond \$205)

PLAYER FEE: (9+) _____ X \$15 =

TOTAL FEES

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

DATE RECEIVED: _____

RECEIVED BY: _____